



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT KOKOMO HOSPITAL

City of Hospital: Kokomo

Year Begin: 07/01/2021 (mm/dd/yyyy format)

Year End: 06/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Brad Burks

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Medicare Provider Number: 15-0010

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$224475923
Outpatient Patient Service Revenue	\$402103184
Total Gross Patient Service Revenue	\$626579107

2. Deductions From Revenue

Contractual Allowance	\$437822081
Other Deductions	\$6251929
Total Deductions	\$444074010

3. Total Operating Revenue

Net Patient Service Revenue	\$175117117
Other Operating Revenue	\$4136481
Total Operating Revenue	\$179253598

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$31624178	\$2542
Medicaid	\$11841724	\$1252
Commercial Insurance	\$5813801	\$291
Self-pay	\$691966	\$92
Any Other Category of Payer	\$20104889	\$997
Total	\$70076558	\$5174

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$31006333	\$39422
Medicaid	\$11316762	\$19009
Commercial Insurance	\$3741865	\$2556
Self-pay	\$2257367	\$2289
Any Other Category of Payer	\$56718232	\$28386
Total	\$105040559	\$91662

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$62630511	\$41964
Medicaid	\$23158486	\$20261
Commercial Insurance	\$9555666	\$2847
Self-pay	\$2949333	\$2381
Any Other Category of Payer	\$76823121	\$29383
Total	\$175117117	\$96836

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$40281024	Employee Benefits	\$10292542
Depreciation and Amortization	\$6261115	Interest Expense	\$536686
Bad Debt	\$7387981	Other Expenses	\$96316568
Total Operating Expenses	\$161075916		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$25565662	Total Assets	\$65398252
Net Non-operating Gains over Loss	\$-10000	Total Liabilities	\$52737600
Total Net Gains	\$25555662		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$330106204	\$267475694	\$62630510
Medicaid	\$109556069	\$86397582	\$23158487
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$186916834	\$97588715	\$89328119
Total	\$626579107	\$451461991	\$175117116

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$91305	\$283854	\$-192549

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$523751	\$-523751
Hospital Patients	\$0	\$183264	\$-183264
Community Education	\$0	\$150008	\$-150008

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	4900
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$5735849
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1292142	
HCI Payments	\$0		
Subtotal	\$0	\$1292142	\$-1292142
Medicaid Shortfalls	\$23333779	\$34056672	
Subtotal	\$23333779	\$35348814	\$-12015035
DSH Payments	\$0		
Subtotal	\$23333779	\$35348814	\$-12015035
Medicare Shortfalls	\$62846137	\$74364585	
Other Government Programs	\$0	\$0	
Total	\$86179916	\$109713399	\$-23533483

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$182855	\$-182855
Community Assessment	\$0	\$571882	\$-571882
Provision of Taxes	\$0	\$10668601	\$-10668601
Other Allocations	\$0	\$0	\$0

Comments

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